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**Business Assistance Request Form**

**Business Owner’s Information**

**First Name:****Last Name:**

**Email Address:****Phone Number:**

**Company Information**

Name of Company:

Street Address:

City:      State: Virginia Zip Code:

Email Address:

**Business Information**

Description of Company:

Startup [ ]  Existing Business [ ]

Existing Business (# of Years): 1-3 Years [ ]  4-7 Years [ ]  8+ Years[ ]

Number of Employees: 1-5 [ ]  6-10 [ ]  10+ [ ]

**Business Assistance Need**

Describe your business needs/goals:

Select the Type of Assistance Needed (Check all that apply)

[ ]  Start-up Assistance

[ ]  Business Plan

[ ]  Business registrations, licensing

 Requirements, certification

 assistance

[ ]  Business and Personal Credit

[ ]  Business Development

[ ]  Customer Relations

[ ]  E-commerce

[ ]  Financials/access to capital, loan

 packaging

[ ]  Business accounting, budget, cash flow

 management, financial statements,

 revenue forecasting

[ ]  Marketing/sales, promotion, market

 research

[ ]  Technical/understanding contracts,

 estimating and bidding, job costing,

 proposal writing

[ ]  Legal/business formation, legal

 information, advice, and contracts

[ ]  Human Resources/Recruitment, onboarding, employee manuals

[ ]  Social Media

[ ]  Other (specify):

Client Name (Print)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

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